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Statement submitted by the Association Proyecto Hombre*

The Secretary-General has received the following paper, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

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Substance Use Disorders (SUDs) constitute a public health and security problem both in developed and developing countries. Nowadays, scientific evidence has established that SUDs are a multifactorial disorder associated with a variety of individual vulnerability conditions and social factors such as poverty, exposure to violence, crime and social exclusion. Strengthening prevention and treatment for people suffering from substance-abuse is an essential demand reduction strategy of critical public health importance.

The United Nations Office on Drugs and Crime (UNODC) and the World Health Organization (WHO) International Standards for the Treatment of Drug Use Disorders encourage all Member States to consider expanding the coverage and improving the quality of drug treatment programmes, interventions and policies on the basis of scientific evidence. The Standards recommend comprehensive and balanced approaches, and suggest scientific and human right-based treatment modalities such as outreach working, and outpatient and residential programmes. Therapeutic Communities (TCs) are one of the most common and widely available treatment models worldwide.

The present statement aims at contributing to the sixty-first session of the Commission on Narcotic Drugs with some proposals and remarks elaborated by the principal international associations and non-governmental organizations (NGOs) representing a large part of the Therapeutic Communities presently in operation:

(a) We firstly emphasize on the fact that we directly represent 905 organizations located in nearly all the regions of the world. These NGOs treat more than 700,000 affected people every year, counting on the workforce of 32,500 accredited professionals;

(b) Nonetheless, there is a lot to be done. In recent reports, it is noted that four out of five substance abusers do not have access to treatment. Therefore, we urge the international community to ensure available, accessible, early and affordable drug treatment, focusing on the most marginalized populations, while sharing the concern regarding new emerging threats such as the proliferation of the amphetamine-type stimulants, the synthetic opioid crisis or the abuse of cannabis and new psychoactive substances;

(c) It is of the utmost importance to inform you that, since their origins in 1958, Therapeutic Communities have been adapting their work to the needs of people with SUDs, especially when the latter and their families have to face adverse conditions, helping them through an ongoing, multi-dimensional process of change leading to improved functioning and quality of life on several domains, including substance use, physical and mental health, housing, employment, other meaningful activities and social participation, thus restoring their dignity and personal well-being and, as a result, while being able to promote healthier, more sustainable societies;

(d) Therapeutic Communities are grounded in a not-for-profit, community-based treatment model that utilizes the bio-psycho-social approach in addition to mutual aid, professional guidance and an orientation towards social reintegration. Their work is developed in accordance with the UNODC-WHO Standards on the Treatment of Drug Use Disorders;

(e) Therapeutic Communities assist a wide range of addiction profiles, with an increasing attention to specific vulnerable groups such as women, children, the homeless, people with HIV and other blood-borne diseases, co-occurring disorders, offenders, ethnic minorities and others. The interventions shall be adapted to the participants' needs and their cultural, gender, economic, social and religious backgrounds. Nowadays, many NGOs are capable of aiding these heterogeneous groups through multi-service facilities with interdisciplinary professional teams;

(f) We strongly demand that the social, health and criminal justice systems be supportive of long-term treatments. Recovering one's health and social well-being requires time and dedication, and adequate rehabilitation requires most often than not that the person take steps forward and backward, while at the same time having to

change their life habits and behaviours. In addition, we highly recommend aftercare services focusing on effective social reintegration. These follow-up programmes are crucial in reducing relapse episodes;

(g) We should encourage families to be truly engaged in the person's rehabilitation process. Several studies have shown higher treatment adherence and lower relapse levels when there is a higher participation of family members;

(h) We invite Member States and UNODC to review the latest science of TCs models in the field of drug-dependence treatment and care, in order to transfer best practices to drug-demand reduction policies. Adequate research, outcomes measurements and evaluation of interventions must be unequivocally promoted. TCs are committed to developing more research in collaboration with UNODC-WHO, Member States and other governmental agencies, demonstrating the meaningful long-term outcomes of the TC model as well as its impact on society as a whole;

(i) We believe it is necessary to put more reliance on grass-root NGOs, while enabling them to play a more active role with UNODC-WHO and the Member States in the formulation and implementation of drug-demand reduction policies. They may become true allies in achieving the crucial goals of the 2009 Political Declaration and Plan of Action, not to mention the plans to be prepared in the future. We need to work in partnership, complementing each other towards the same ends. Many NGOs are experienced, socially accepted organizations that are committed to working in their communities while destigmatizing drug-dependent populations. They have the capacity to raise funds and request partnerships from private sources, engage media or solicit volunteers. NGOs are used to dealing with a permanent lack of resources. Some studies have already highlighted the cost-effectiveness of the action plans implemented by NGOs based on the TC model;

(j) In conclusion, we encourage the representatives of Member States and agencies to recognize the invaluable work of the Therapeutic Communities as an irreplaceable approach for the rehabilitation and social reintegration of people with SUDs. In some countries, Therapeutic Communities are neither sufficiently accepted nor adequately funded. Accordingly, the most marginalized populations are scarcely able to access proper treatment.

Asociación Proyecto Hombre[1]

Australasian Therapeutic Communities Association

Dianova International

European Federation of Therapeutic Communities

Euro-TC

Federación Latinoamericana de Comunidades Terapéuticas

Therapeutic Center for Dependent Individuals — KETHEA

Therapeutic Communities Federation of Asia

Treatment Communities of America

World Federation of Therapeutic Communities

[1] The Association Proyecto Hombre is a NGO in Special Consultative Status with ECOSOC that unites 27 non-profit institutions in Spain, working on drug prevention, rehabilitation and social reintegration. Since 1984, it has assisted more than 350,000 addicted people and their families.